DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: KRUSELS ADULT FAMILY HOME (0008567)

Address: 171 SOUTH PIERCE ST, ADAMS, WI 53910

License Status: REGULAR

Licensed/Certified/Registered 04/01/1999

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0093993 End Date: 01/24/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008113 Served 01/28/2005

Deficiencies Cited Subject Area Subject Area Compliance

Verified

88.04(2)(h) COMPLY WITH OSHA

88.07(3)(d) MEDICATION- WRITTEN ORDER

88.07(3)(e)2 MEDICATION- RECORD OF SIDE EFFECTS

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